MIAMI-DADE COUNTY, FLORIDA



MEDICAL EXAMINER DEPARTMENT
PUBLIC INTERMENT PROGRAM
NUMBER ONE ON BOB HOPE ROAD
MIAMI, FLORIDA 33136-1133
(305) 545-2422
FAX (305) 545-2409

Verification of No Next of Kin Affidavit

Decedent's Name:	Race	'Sex	_ Age:
Date of Death:/ SSN:	// Dat	e of Birth:	/_/
Place of Birth: Occ	upation:		•
Local Address:	Zip Code:		
Time of Death:PM/AM Doctor's N	ame:	· · · · · · · · · · · · · · · · · · ·	
Doctors Address:	/Phone # :		
Attention: Public Interment Coordinator			
A thorough investigation by our organization f the above named decedent. Our investigative of	efforts are documen	ted below: Pl	ease Detail.
		<u> </u>	
			
Name of Institution	,	Authorized	Signature
Telephone Number			